

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2015 FEB - 6 PM 12:03

FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Spirit of 76 PAC

ADDRESS (number and street) PO Box 1044

Check if different than previously reported. (ACC) Marlton NJ 08054-16044

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00570010

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - May 20 (M5)
  - Aug 20 (M8)
  - Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)
  - Jun 20 (M6)
  - Sep 20 (M9)
  - Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)
  - Jul 20 (M7)
  - Oct 20 (M10)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on MM / DD / YYYY in the State of  

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on 11 / 04 / 2014 in the State of NJ

5. Covering Period 10 / 01 / 2014 through 11 / 04 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jim Lyman

Signature of Treasurer J Lyman Date 01 / 31 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*Spirit of 76 PAC*

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	<input type="text" value="0"/>	<input type="text"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0"/>	<input type="text"/>
(c) Total Receipts (from Line 19).....	<input type="text" value="27,000.00"/>	<input type="text"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text"/>	<input type="text"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24,183.00"/>	<input type="text"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1,810.00"/> <del>2,817.00</del>	<input type="text"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text"/>
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text"/>



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*Spirit of 76 PAC*

Report Covering the Period: From:

*MM / DD / YYYY*  
*10 / 01 / 2014*

To:

*MM / DD / YYYY*  
*11 / 24 / 2014*

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

*27,000.00*

*27,000.00*

(ii) Unitemized.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii).....▶

*27,000.00*

*27,000.00*

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

*27,000.00*

*27,000.00*

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

*2,465.00*

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

*27,000.00*

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

*27,000.00*

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. Disbursements</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share .....			
(ii) Non-Federal Share .....			
(b) Other Federal Operating Expenditures .....			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....			
22. Transfers to Affiliated/Other Party Committees .....			
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			
24. Independent Expenditures (use Schedule E) .....			
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....		26,648.10	
26. Loan Repayments Made .....			
27. Loans Made .....			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....			
(b) Political Party Committees .....			
(c) Other Political Committees (such as PACs) .....			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....			
29. Other Disbursements .....			
30. Federal Election Activity (52 U.S.C. § 30101(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share .....			
(ii) "Levin" Share .....			
(b) Federal Election Activity Paid Entirely With Federal Funds .....			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		241,830.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		241,830.00	

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27,000.00	27,000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27,000.00	27,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	24,650.00	<del>24,650.00</del> 24,650.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	24,183.10	24,183.10

4000N - 0011 - 100011

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>Spirit of 76 PAC</i>	FEC IDENTIFICATION NUMBER <b>C00570010</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	<b>12</b> / <b>02</b> / <b>2014</b>

Full Name of Payee <i>WABC-AM</i>	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address <i>2 Penn Plaza, 17th Floor</i>	Amount <b>179350</b>
City <i>NY, NY</i>	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure <i>Radio Ad</i>	Category/Type
Name of Federal Candidate <i>Anthony Wilkinson</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>179350</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>6</u> State: <u>NJ</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name of Payee <i>WWYZ-FM</i>	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address <i>Long Branch, NJ</i>	Amount <b>311100</b>
City <i>Long Branch, NJ</i>	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure <i>Radio Ad</i>	Category/Type
Name of Federal Candidate <i>Anthony Wilkinson</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>490450</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>6</u> State: <u>NJ</u>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>179350</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>311100</b>
(c) TOTAL Independent Expenditures.....	<b>490450</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: *J. Lyman* Date: **12** / **31** / **2014**



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>Spirit of 76 PAC</i>	FEC IDENTIFICATION NUMBER <b>C00570010</b>						
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M</td> <td style="text-align:center;">D D</td> <td style="text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">12</td> <td style="text-align:center;">02</td> <td style="text-align:center;">2014</td> </tr> </table>	M M	D D	Y Y Y Y	12	02	2014
M M	D D	Y Y Y Y					
12	02	2014					

Full Name of Payee <i>WOR-AM</i>	Date of Public Distribution/Dissemination <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M</td> <td style="text-align:center;">D D</td> <td style="text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">11</td> <td style="text-align:center;">07</td> <td style="text-align:center;">2014</td> </tr> </table>	M M	D D	Y Y Y Y	11	07	2014
M M	D D	Y Y Y Y					
11	07	2014					
Mailing Address <i>32 Avenue of the Americas</i>	Amount <b>2465.00</b>						
City State Zip Code <i>NY, NY 10013</i>	Date of Disbursement or Obligation <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M</td> <td style="text-align:center;">D D</td> <td style="text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">10</td> <td style="text-align:center;">31</td> <td style="text-align:center;">2014</td> </tr> </table>	M M	D D	Y Y Y Y	10	31	2014
M M	D D	Y Y Y Y					
10	31	2014					
Purpose of Expenditure <i>Radio Ad</i>	Category/Type <input type="checkbox"/>						
Name of Federal Candidate <i>Anthony Wilkinson</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought <b>1497735</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>6</u> State: <u>NJ</u>						
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <i>WAWZ-FM 99.1</i>	Date of Public Distribution/Dissemination <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M</td> <td style="text-align:center;">D D</td> <td style="text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">11</td> <td style="text-align:center;">07</td> <td style="text-align:center;">2014</td> </tr> </table>	M M	D D	Y Y Y Y	11	07	2014
M M	D D	Y Y Y Y					
11	07	2014					
Mailing Address <i>P.O. Box 9058</i>	Amount <b>1275.00</b>						
City State Zip Code <i>Zarephath, NJ 08890</i>	Date of Disbursement or Obligation <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M</td> <td style="text-align:center;">D D</td> <td style="text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="text-align:center;"></td> <td style="text-align:center;"></td> <td style="text-align:center;"></td> </tr> </table>	M M	D D	Y Y Y Y			
M M	D D	Y Y Y Y					
Purpose of Expenditure <i>Radio Ad</i>	Category/Type <input type="checkbox"/>						
Name of Federal Candidate <i>Anthony Wilkinson</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought <b>1625235</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>6</u> State: <u>NJ</u>						
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: *J. Lyman* Date: 1 31 2015  

M M	D D	Y Y Y Y
12	31	2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <u>Spirit of 74 PAC</u>	FEC IDENTIFICATION NUMBER <u>C00570010</u>
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Check if  24-hour report  48-hour report  New report  Amends report filed on 12 / 02 / 2014

Full Name of Payee <u>101.5 WKXW-FM</u>	Date of Public Distribution/Dissemination <u>11</u> / <u>02</u> / <u>2014</u>
Mailing Address <u>100-126 Walters Ave</u>	Amount <u>6,047.75</u>
City <u>Trenton, NJ</u> State <u>NJ</u> Zip Code <u>08638</u>	Date of Disbursement or Obligation <u>10</u> / <u>30</u> / <u>2014</u>
Purpose of Expenditure <u>Radio Ad</u> Category/Type	Name of Federal Candidate <u>Anthony Wilkinson</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate <u>Anthony Wilkinson</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>6</u> State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <u>22,300.10</u>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name of Payee <u>WJLK-FM 94.3 The Point</u>	Date of Public Distribution/Dissemination <u>11</u> / <u>02</u> / <u>2014</u>
Mailing Address <u>2 Robbins St. suite 201</u>	Amount <u>1,853.00</u>
City <u>Tom's River, NJ</u> State <u>NJ</u> Zip Code <u>08753</u>	Date of Disbursement or Obligation <u>10</u> / <u>30</u> / <u>2014</u>
Purpose of Expenditure <u>Radio Ad</u> Category/Type	Name of Federal Candidate <u>Anthony Wilkinson</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate <u>Anthony Wilkinson</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>6</u> State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <u>24,153.10</u>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

24,153.10

(a) SUBTOTAL of Itemized Independent Expenditures.....	[ ]
(b) SUBTOTAL of Unitemized Independent Expenditures.....	[ ]
(c) TOTAL Independent Expenditures.....	[ ]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature J. Lyman Date 12 / 31 / 2013



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>Spirit of 76 PAC</i>	FEC IDENTIFICATION NUMBER <i>C00570010</i>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	<i>12</i> / <i>02</i> / <i>2014</i>

Full Name of Payee <i>Robert E. Little</i>	Date of Public Distribution/Dissemination <i>11</i> / <i>20</i> / <i>2014</i>
Mailing Address <i>426 Highlands 36</i>	Amount <i>500.00</i>
City <i>Highlands, NJ</i> State Zip Code <i>07732</i>	Date of Disbursement or Obligation ____ / ____ / _____
Purpose of Expenditure <i>Radio Ad Production/Consultant</i> Category/Type _____	Name of Federal Candidate <i>Anthony Wilkinson</i> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>26,648.00</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <i>6</i> State: <i>NJ</i> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure Category/Type	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	_____
(b) SUBTOTAL of Unitemized Independent Expenditures.....	_____
(c) TOTAL Independent Expenditures.....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *J. Lyman* Date *01* / *31* / *2013*

CONFIDENTIAL

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
*Spirit of 76 PAC*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>WOR-AM</i>		Nature of Debt (Purpose): <i>Dispute of charge for Ads. Cancelled Check from 10/30/2014</i>
Mailing Address <i>30 Avenue of the Americas</i>		
City State Zip Code <i>NY, NY 10013</i>		
Outstanding Balance Beginning This Period <input type="text" value="2465.00"/>	Amount Incurred This Period <input type="text"/>	
	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input <="" td="" type="text" value="?"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	
	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	
	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

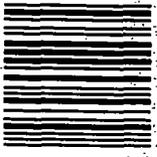
1) SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text"/>

1-800-NON-CONFIDENTIAL

NONN I GUNT I WENT

From: J. Lyman  
Spirit of 76 PAC  
PO Box 1044  
Marlton, NJ 08054

U.S. POSTAGE  
PAID  
PHILADELPHIA, PA  
19104  
JAN 31, 15  
AMOUNT  
**\$4.21**



1000

7014 2120 0000 4340 6271

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL®**



7014 2120 0000 4340 6271

RECEIVED  
2015 FEB -6 PM 12:20  
REC MAIL CENTER  
To: Federal Election Com.  
999 E Street NW  
Washington DC  
20463

**ReadyPost®**

Document Mailer

